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Work and health: A difficult relationship?
Guest editorial

Highlighting trends across the evolving European Union over the last 20 years using data from its pan-European Working Conditions Survey (EWCS), Eurofound provided the unique context within which we could discuss this crucial issue of the improvement of working conditions. Over two days, political decision makers and social partners debated the alternative choices available to improve the quality of working conditions, particularly in the context of an ageing demographic and working longer. Key discussions focused on the vexed issue of working time, with detailed presentations from Eurofound and from the Commission highlighting the complex issues surrounding this debate and providing interesting findings. In particular, the results of the Commission’s study on the impact of the implementation of the Working Time Directive appeared to coincide with the results from the EWCS, specifically with regard to the negative effects of long working hours.

Similarly, the conclusions from the four workshops appear to bear out our assumptions that improvement of working conditions throughout a worker’s career is a necessary condition to enable workers to continue to work for as long as possible. Key to this in particular, interestingly, is reducing the physical strain of work as well as the stress caused by the intensity of work organisation and its structure and the difficulties in trying to find a positive balance between home and professional life. In addition the possibility of continuing to work in a learning organisation and receiving ongoing training were, perhaps unsurprisingly, key elements in facilitating an extended working life. Interestingly, it was also noted that these elements are of benefit to both workers and employers alike.

As it seems an inevitable evolution of European working lives that more of us will work longer, conferences like this one serve the very useful purpose of facilitating debate on how to ensure this happens and in the best conditions possible.

Michel de Gols
Stress is one of a group of so-called psychosocial risks which are an increasing occupational health concern. There are, however, different forms of stress, ranging from acute stress in possibly life-threatening situations, to more constant forms.

Work-related stress as discussed here is the result of complex organisational decision-making and in some cases can become chronic. It is related to issues such as work demands, emotional demands, room for manoeuvre, social relations, value and ethical conflicts and employment insecurity. Taken in isolation and occurring only at times, these issues would in most cases be considered benign and could indeed constitute part of the everyday emotional demands at a workplace.

Yet, when they become chronic and individuals feel they are no longer able to deal with them, they can lead to serious problems for workers themselves, the company that employs them, their family and society as a whole.

Indeed, a series of epidemiological studies have clearly established a relationship between exposure to work-related stress as a whole as well as to various components of it and particular health risks (cardiovascular diseases, musculoskeletal disorders as well as mental health). These three pathologies account for a substantial part of mortality and morbidity in Europe and carry an increased risk of 50–100%.

**Complex relationship**

How exposure to work-related stress and health outcomes is related is not always clearly known and the relationship is complex. The mechanisms can be distinguished as ‘direct’ (raised blood pressure, raised levels of some hormones etc.) and ‘indirect’ (people engaging in unhealthy behaviour such as overeating, drinking, etc.). They are likely to lead to various emotional, cognitive (difficulty in concentrating, remembering, making decisions, decreased creativity), and behavioural reactions (abuse of drugs, alcohol, and tobacco; destructive behaviour).

Work demands that can lead to increased stress include both quantitative demands such as quantity of work, time constraints and qualitative ones, such as complexity of tasks and contradictory demands. This dimension also includes work-life conflicts.

Effects of high work demands on health, especially in relation to cardiovascular diseases and mental health problems, have been demonstrated especially in work situations where workers have little autonomy or little social support from colleagues and managers.

Recent data from the 5th European Working Conditions Survey (EWCS) show that overall, work demands have been increasing since the survey started in 1991 and remain at a high level, indicating a higher risk for all of those at work. Yet other research has also shown that workers to some extent adapt to increased work demands, albeit in different ways. Long working hours, defined as working more than 48 hours per week, for example, have continued to decrease over the same period. Yet more than one in 10 still work long hours every week, the majority of these being self-employed. In 2010, 58% of workers report that their work includes complex tasks, showing little change over the last 15 years.

While social support has been more or less constant at a high level over time, the room for manoeuvre which is essential for workers to compensate for and adapt to increased work demands has not improved. This has most likely contributed to the rise in work-related stress.

The impact of emotional demands plays a growing role in forms of work mostly concentrated in the service industry. There, workers when delivering their service have to control their own emotions or are confronted with the emotions of those they are delivering a service to. With structural change taking place over time, these types of jobs have increased.
Impact of client contact

Another increasing characteristic of most work today is that contact with clients has become a feature of more and more workers. Over time, contact with a client (almost) all of the time has increased from 42% to 44% within the last 10 years. This type of contact, which sometimes could be a source of pleasure and gratification, can in certain circumstances become difficult: 5% of European workers deal with an angry client most of their working time. It is also important to mention work situations where workers are required to hide their emotions (30% of workers) and/or fears: 18% of workers in Europe report that a mistake in their work could cause physical injury and 35% that it could cause financial loss for their company.

Ethical conflicts (an issue for 9% of workers in the EU27) can also contribute to work-related stress as does not being able to achieve a good quality of work. 16% of workers report facing this situation. The same proportion of workers also report not doing a useful job.

Employment insecurity – either objective through having a limited contract or subjective by fearing that your job is at risk, e.g. through restructuring – is another important factor. In the current context of the crisis, it has been increasing. It can be associated with under-employment (such as involuntary part time) as well as specific risks linked to major restructuring (see ‘Job loss is bad for your health’ on page 12).

Poor leadership is a further factor which in combination with others can contribute to the development of work-related stress.

Violence and harassment are very difficult to qualify and measure. Yet evidence shows that they affect some proportion of workers and that their impact at all levels is very serious. They are a symptom of very poor relations at work.

Trends over time suggest some worrying developments, which require attention and action. It will be important to address both the potential for positive outcomes (developing a productive workforce, which can contribute to increased competitiveness and recovery) as well as negative factors (avoiding direct and indirect costs linked to poor health developing over time).

Agnès Parent-Thirion

Holistic approach to employee health – MOL oil and gas group

A single organisation manages health, safety and environmental protection within the MOL oil and gas group, which has around 35,000 employees. Dr István Miniska, Group Medical Advisor, outlined the steps that MOL has taken to promote employee health. ‘Health protection is an integral part of the management philosophy’ he said. ‘We focus on healthy working conditions to improve the overall health and life conditions of all our employees, with special attention to selected target groups. We are investing in reorientation towards prevention and health promotion.’

A key element of this focus is the workplace health promotion scheme – ‘Take a step for your health’. Begun in 2006, it is a long-term cultural change programme, which aims to improve the health of employees across the group. The programme incorporates a number of elements – an individual health plan for each employee, extra medical screenings, healthy eating, smoking cessation initiatives and health education initiatives. Another crucial element is a movement-based health programme: this includes company sports competitions, walks, outdoor weekends and physical training.

Who foots the bill?

One challenge that the programme has faced is that the company-sponsored interventions are treated in many of the countries in which the group operates as benefit in kind – hence, often taxable at standard income tax rates. Given that the group’s companies are covering the payable tax as well as funding the initiatives, Dr Miniska points out that in some cases this can effectively double the cost of the programmes – a situation which requires a very convincing business case to be made to management by the health promotion teams.

Evaluating of the programme is therefore also an important element, to measure success and justify the ongoing investments: it includes a range of indicators, such as the participation rate of employees, and the rate of sickness absence. Dr Miniska says: ‘This year we have as a goal a participation rate of 75% of employees in different programmes. The absenteeism rate, of course, needs to be decreased, and starting from this year we introduced the regularity rate. It is very important for us that someone not just participates, but participates regularly, especially in primary prevention. We have also started to measure the health indicators, including chronic illnesses and milestones regarding health, quality of life, stopping smoking, regulation of blood sugar, cholesterol and so on.’

István Miniska, MD is Group Medical Advisor for MOL, a Hungarian oil and gas company. He joined MOL as Group Medical Advisor in 2008, with responsibility for coordinating workplace health promotion.
‘Flexibility is not a dirty word’ – interview with Steven D’Haeseleer, BUSINESSEUROPE

Eurofound: Do you feel that progress has been made in working conditions over the last 20 years? Where do you still see deficits?

D’Haeseleer: Overall, one has to say that progress has been made, and pretty much across all areas. There are obviously differences in the speed of progress, but one issue that is particularly striking, especially with the challenge that we are facing today, is education and training. I found the results of the 5th European Working Conditions Survey particularly positive in this regard. Obviously, there is still a long way to go but the fact that overall, more workers are receiving paid training than before is a good development as is the fact that groups of workers that really need it are catching up with regards to the overall access to training.

If we are going to have what BUSINESSEUROPE is asking for – more flexible labour markets, – the other side of the coin is having skilled workers. I am convinced that flexible labour markets will create more opportunities for workers, but we also need workers who are able to seize the opportunities and therefore training is indispensable.

Q: If you look at lower skilled, manual workers, those are the ones least likely to stay in work after 60; they receive less training and are exposed to increased work intensity and physical risks. What can you do to bring specific groups like that into the fold?

A: Quality of work is accessible to everybody. I think that if you look at the overall picture, we have seen quite a lot of progress, also for the particular groups that you mentioned. Perhaps not quite as much progress compared to other groups. Yes, their work intensity is increasing, but work intensity is increasing overall. And intensity in general life is also increasing. We will have to get used to it, and, where possible, mitigate it, but I don’t think we will be able to stop it from increasing. I think that is a bit naïve. So we will need to find ways to deal with more intense environments and obviously for some people, some groups and some occupations, it will be more difficult than for others, but all in all, I think we are on the right track.

Role of social partners

Q: And what can the social partners do? Work intensity levels haven’t come down, which is a concern in itself, but when they are combined with job insecurity, especially during a recession, that can increase stress levels considerably. What can be done to moderate this?

A: Honestly, I think that very few people were concerned about work intensity during the crisis that we have had. For many people, the main priority was, ‘can I get a job’ or ‘can I keep my job’. What can social partners do more generally, leaving the current period aside? It depends on at what level you are talking about, European, national, company level. We at BUSINESSEUROPE at the European level can try to influence the debates with public authorities that are taking place at the policy level and we can take action ourselves. We have done both for important issues – for example, regarding the flexicurity debate, which is closely linked to the issue of employment security. As European social partners we have the responsibility to work on the framework and tell people that this is the way that labour markets will evolve in the future and that we have to find ways to adapt to that.

We can come up with concrete instruments at European level but most of the instruments will have to be developed at national level. In France, for example, if you look at the agreement on the modernisation of the labour market of 2008, there they are putting these instruments in place. In some countries, they are being implemented, in other countries, nothing is happening.

We at the European level therefore need to put a lot of pressure on the national level, also on our members, to really start working around this flexicurity agenda. And that’s why we are currently running an 18-month programme together with the trade unions on flexicurity, looking at how flexicurity is being implemented in the Member States, with regards to the eight principles and how the social partners are involved in this process. But most of the direct action should be taken at national and sectoral level.

Flexicurity in times of crisis

Q: Our research has looked at short-time working schemes and temporary layoffs during the recession in terms of the potential they offer for internal flexicurity. They have shown some interesting developments which could offer pathways for future developments in flexibility debates within companies.

A: I think what was happening was that companies lost access to credit, not only SMEs but also large companies and that has led to shared understanding between public authorities, trade unions and management about what can be done to solve this situation, at least temporarily. And so compared to the past, there has been much more willingness by public authorities to fund such schemes. I think it was the suddenness and dramatic intensity of this recession that has jolted this constructive relationship between the three parties.

Moving out of the crisis, I don’t know whether we should continue these schemes in all sectors and for a very long period. It is something we will fall back on again, because it has been such a success, and people now see what internal flexibility really means and that it is not a dirty word. We as an employers’ organisation have a responsibility to tell people that this is one aspect of flexicurity, so don’t dismiss the concept as a whole because it can work in bad times, as well as in good times, because of the versatility of the concept.

Steven D’Haeseleer was appointed Director of BUSINESSEUROPE’s Social Affairs Department in September 2008. He is in charge of a diverse portfolio of social affairs and labour market policy issues as well as the day-to-day management of the Department. In this role, he was responsible for the negotiations on the revision of the European social partners’ 1995 framework agreement on parental leave.

Interview by Patrick Grabolle
For Europeans, work intensity has increased over the past 20 years – more workers work at high speed, work to tight deadlines, or have their pace of work driven by more demands. In the EU27, nearly 60% of workers say that they have to work at very high speed for at least a quarter of their working time. Research from Eurofound and other bodies indicate that high levels of work intensity carry a substantial cost in terms of occupational health and safety. Greater intensity is likely to have an especially negative impact on workers’ well-being when they have little say in how they organise and schedule their work or enjoy little support from colleagues and managers.

At the launch of the first findings of the fifth European Working Conditions Survey (EWCS) in Brussels in November 2010, Michel Gollac – using findings from the previous wave of the EWCS in 2005 – outlined his thoughts on the nature of work intensity, and the factors contributing to it. ‘Health at work’ – according to Mr Gollac, director of the Quantitative Sociology Laboratory at the Centre de Recherche en Economie et Statistique (CREST) in Paris – ‘is optimal when each worker is able to choose a compromise between working according to their own individual capacities and the demands of the job.’ Mr Gollac focused in particular on the impact of work intensity on work-life balance: ‘Because of the tiredness caused by work, outside work people can not really use that time. They just recover from work. So, workers working at high speed say that they’re not that much available for their partner or for their children.’

He also drew attention to the impact that greater work intensity could have upon attempts to maintain older European workers in employment for longer. When working under so-called ‘pace constraints’, workers are more likely to say that they would not be able to do their current job at the age of 60. Pace constraints would include, for instance, the pace of one’s work being dependent upon one’s colleagues, the demands of customers or the demands of one’s boss. ‘This number is higher when they work at a high speed so this is a major concern given the ageing of the European population especially when considering the impact on social systems.’ Moreover, older workers now face greater work intensity: ‘Workers from 55 to 64 show a level of work intensity that is higher, much higher than the work intensity for young people 15 years before...
So we may wonder about the contradiction between excessive work intensity and the employment rates of the working population.’

**Work intensity is a structural problem**

So what gives rise to work intensity in the first place? And why is it increasing? Mr Gollac challenged the view that work intensity is arising simply out of corporate requirements that more be done in less time: ‘It’s related to the design and functioning of the organisations; the intensification of work is much more linked to the restructuring or reorganisation of companies.’

He outlined some examples of how poor work organisation can impact work negatively: ‘People with a very intense job are those who say “I’m constantly interrupted by contingencies that disturb my work”, “I receive contradictory instructions or orders”, or “I’m given different priorities”.

Objective-based evaluation methods can also be problematic, Gollac said, where ‘the objectives are set by people who don’t know the reality of work, who think that work is done as it should be done. Then, unrealistic goals – that is, not taking into account contingencies – are set.’

Excessively frequent changes in the organisation of work ‘imply a learning period and the learning effort is added to the work effort, so you’re less efficient at the beginning as you have to make more effort.’ This difficulty is then compounded if a new change is introduced shortly after the first: ‘It happens in certain companies that people are constantly in difficult situations and part of their efforts is wasted.’ And greater intensity, undermining a person’s capacities, can have an unwelcome multiplier effect: ‘When people work too intensively they have no time to gain experience, they have no time to prepare themselves for the next task. And as a result, when work changes, they find themselves in a difficult situation as they have not been adequately prepared.’

This raises a vital point, according to Mr Gollac: ‘Intensity of work should not be equated with efficiency or productivity. That’s a misconception, but there is no evidence of that. It is a hypothesis, which supposes that all a worker’s effort is used well. But the waste of effort is a daily experience for many workers. There are two ways of increasing productivity: increasing one’s efforts or increasing the efficiency of the effort; the second option is, of course, preferable.’

And workers need not suffer greater work intensity as the companies they work in seek greater competitiveness. ‘In the United States – where organisational changes did real damage in the 1980s with a spectacular increase in industrial accidents and industrial illnesses – some companies succeeded in improving the situation without losing productivity.’ Moreover, Mr Gollac concluded, ‘There are forms of organisations such as learning organisations based on cooperation and the accumulation of experience and human capital that are very economical in terms of work effort. Member States in which these forms of organisation are more widespread have good levels of economic productivity, so better work organisation models are possible.’

Aidan McKeown
Over the last decades many national and European policies have attempted to deal with the effects of an ageing society. One issue is that of sustainable social security systems, which would require people to remain in the workforce as long as possible. Data from the Eurostat Labour Force Survey provide some good news in this respect: the proportion of older people (aged between 50 and 64 years) that are at work is rising (from around 49% in 2000 to almost 57% in 2009). Moreover, the latest findings from the European Working Conditions Survey (EWCS 2010) show that the percentage of workers in the EU27 that think they will be able to do their current job at the age of 60 has risen marginally from 57% in 2000 to 59% in 2010.

There are, however, big differences between countries: over 70% of workers in the Netherlands and Germany feel able to do their job at 60, compared to only 26% of workers in Slovenia. This percentage of workers thinking they will be able to do their job at age 60 closely corresponds with the actual percentage of older workers in the respective workforce. Out of the ten Member States with the lowest percentage of workers expecting to be able to do their job at age 60, seven Member States are also in the bottom ten in terms of the proportion of workers aged 50 and older in the workforce.

Not only countries differ, so do types of occupation: whereas around 72% of high-skilled clerical workers and 61% of low-skilled clerical workers consider themselves able to do their current job at 60, this is the case for only 49% of high-skilled manual workers and 44% of low-skilled manual workers. Making jobs and work in general more sustainable requires ‘high quality working conditions’, such as a good work-life balance, lifelong learning, employment security, job autonomy, and working conditions that safeguard health. These are, however, not common to all jobs, particularly not to those jobs involving manual labour.

The figure shows the relevance of these ‘high quality working conditions’. The more workers are exposed to ergonomic risks (such as vibrations from machinery, working in painful positions, lifting people or other heavy loads and repetitive movements), the less likely they are to expect to be able to do their job at 60. Furthermore, workers exposed to high levels of psychosocial risk – those in high-strain jobs who have limited autonomy to deal with high levels of demands – are much less likely to expect to be able to do their job at a later age, than those in less demanding jobs (passive and low-strain) or those in demanding jobs who do enjoy an adequate level of autonomy to deal with the pressures they are faced with. Again, workers’ expected ability to do a job at age 60 corresponds closely with the percentage of older workers in that type of job.

### Physical work takes its toll

The higher the level of ergonomic risk exposure, the lower is the proportion of older workers doing that particular job. The same correspondence is found for the different types of work organisation, except for workers in the ‘active’ type of work organisation, whose optimism about doing their job at 60 is not reflected in the relatively low proportion of older workers in this type of jobs.

This association between the physical and psychological demands that different types of jobs put on people and the proportion of older workers in these jobs indicates that those who are no longer able to do their job are forced to either move into jobs they are still capable of doing or exit the workforce altogether. To some extent this could be avoided, as exposure to physical and psychosocial risks depends on the way work is organised, and could be reduced by changing work practices in companies. However, some jobs are inherently physically or psychologically demanding, and require a stamina that many older workers no longer have, requiring them to move on to less demanding positions.

### Training helps with change

For those workers faced with having to change their job later in their career, it is a great asset when they have regularly received training and skills upgrading right throughout their career. However, the fifth EWCS shows that although the gap between older and younger workers has been decreasing, only 30% of those aged over 50 years received training paid for by their employer, compared with 36% of workers aged between 30 and 49 years.

To keep workers in the workforce longer, it is not only important to adapt the workplace to the possibilities and needs of older workers. Just as much attention will need to be paid to creating working conditions that prevent workers from being forced to change their job or even leave the workforce and, where career changes cannot be avoided, to creating the conditions — for instance, in terms of lifelong learning — facilitating such a change. Taking both traditional physical risks and newly emerging risks, such as psychosocial risks, into consideration, a combined strategy would allow workers to keep working until a more advanced age. Given the encompassing nature of such an approach, governments, social partners and individual companies will all have to collaborate to promote the sustainability of work and the well-being of workers.

**Gijs Van Houten**

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<th>Percentage of workers expecting to be able to carry out their job at age 60, by level of ergonomic risk exposure and type of work organisation</th>
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<td><strong>Type of work organisation</strong></td>
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*Note: Data from the Eurostat Labour Force Survey (EWCS 2010)*
Work-related stress might not actually be caused by work, but by conflicting demands on people, both in their working and non-working lives. However, increased chronic stress levels will impact on the performance and health of employees, irrespective of its origins. For workers with care responsibilities, this holds particularly true. Many of them are finding it hard to reconcile their care duties with a working career.

Caring for a disabled person or an elderly dependent can be a fulltime job. However, in the vast majority of cases, providing care is not the care giver’s formal occupation. About 80% of time spent caring for people with a disability or older dependent persons is provided by family members, friends, neighbours – informal carers, many of whom have to juggle their care responsibility and a regular job. Half of carers of working age combine their care responsibilities with employment. But for a large number of informal carers this is not possible. They are excluded from employment because of their care responsibilities – with obvious consequences for current income as well as pensions.

Policymakers have become increasingly aware of the issue. Concerns about the cost of formal care have highlighted the contribution made by informal carers. Take it away and care systems will no longer be sustainable. At the same time, there is also an imperative to increase employment rates – among other reasons, to sustain pension systems. Reconciliation of care and paid work is key to meeting both challenges.

Most Member States have some legal provisions in place to facilitate this reconciliation. The main focus is on the right to special leave, which can be paid or unpaid and varies considerably in length. Provisions for flexible working arrangements or protecting working carers against discrimination are much less common. The same is true for social dialogue or collective agreements. Where they exist, they usually deal with care of children.

**The business case for care**

Some companies, though, have begun to offer support to their employees with care responsibilities, generally recognising the business case for doing so. These companies are aware that they can reduce the costs associated with turnover and recruitment, with absenteeism and ill-health arising as a consequence of employees not coping with the dual pressures of working and caring. The most common company measures are built around making working time arrangements more flexible, including short and emergency care leave. In the case of a Dutch pharmaceutical and cosmetics company, five additional paid days of care leave are available for employees. Should more be required, the company offers a ‘give and take’ approach, where the cost for the extra days are shared between the employee and the company. Innovative approaches can also be found with regard to longer leave. To encourage a swift return to work, a German electrical goods company allows employees with care responsibilities to reduce working time by 50% while receiving 65% of their salary. The public sector in Ireland offers a ‘shorter working year’ to its employees which allows for a more flexible approach to hours reduction over a one-year period.

**More than time off**

Some companies go beyond the traditional working time considerations. A public health care provider in the UK offers a ‘carer’s assessment’, which enables the occupational health service to assess the impact of caring on the employee. The organisation liaises with local carer NGOs and can direct carers to them if a need for support is identified. Other companies offer information and counselling on care-related issues. A health insurer in the Netherlands has established a help desk and a care agency to help staff with typical care-related questions. Similarly, a German company in the chemical sector operates a ‘service office for families’, which provides information and counselling on issues related to care giving. Other employers offer training in caring issues to working carers or assist in the sourcing and accessing of care services. In the case of social care provider in the Netherlands, this extends to the offer of using the companies’ care services free of charge. In the case of a chemical sector company in Germany, care is provided by a network of five people, one a retired employee and four partners of employees, in case of emergencies. Insurance cover is provided by the company.

In spite of numerous good practice examples, there continues to be a need to raise awareness in workplaces, not only of the difficulties facing employees with care responsibilities, but also of the advantages and feasibility of improving the situation. And even where positive measures exist, it is essential to provide encouragement and support for carers to take advantage of the initiatives. Many carers are reluctant to draw attention to themselves, or consider their care responsibilities a private matter. They may even feel stigmatised by the label ‘carer’. The support of line managers and colleagues is critical, as is the elaboration of more explicitly supportive policies and collective agreements.

*Barbara Gerstenberger and Robert Anderson*
With the revision of the Working Time Directive high on the agenda of European policymakers, working time once again is at the heart of the industrial relations political debate. The debate however should not only look at how to regulate working time but needs to take into account the growing diversification, flexibilisation and individualisation of working time, leading to more variability between workers. It becomes more complex to define what is work (and working time). Annualisation, time banks and technology, with subsequently more blurring of boundaries between working and not working, make it more complicated to measure the duration of working time.

What workers report

The European Working Conditions Survey (EWCS) has a wide range of questions on different elements of working time, about duration and organisation of working time, as well as on work–life balance for workers. In the survey, overall we find a decrease in working time over the last 20 years. One of the reasons for this is that there are more part-time workers, a phenomenon which is mostly female but with huge country differences. While the overall number of workers working long hours (more than 48 hours per week) has decreased, there is still a substantial proportion of workers with long hours. Indeed, 43% of self-employed persons without employees, 54% of self–employed with employees and 11% of employees indicate that they usually work more than 48 hours per week in their main paid job. The survey furthermore shows that those workers working long hours also report more problems with work–life balance, more health problems, but also work more often at high speed and/or to tight deadlines than those who do not. So long working hours are often combined with work intensity.

While the majority of workers work standard working hours, with little variation, a good proportion of workers do work outside these standard hours: 10% of workers do night work, 17% of workers...
work shifts, 20% of workers indicate that they work on call, and half of the workers work on weekends at least once a month, including a quarter of workers working at least one Sunday a month. The survey reveals that working at non-standard hours might also complicate work–life balance, goes hand in hand with more health problems, and again can be correlated to work intensity. Nearly 20% of workers indicate that they have problems with their work–life balance. This is more the case for men, particularly in the ‘sandwich years’, between 25 and 39, when care responsibilities for children and older family members put a particular strain on people.

When free time is not free

The survey also contains some new questions that explore the blurring of boundaries between working and non–working time. Fifteen percent of workers work at least once a week in their free time to meet work demands. There are no differences between men and women on this. Two-thirds of workers however, can easily take some time off for private matters during their working hours. This is slightly more the case for men than women.

And last but not least, the working time debate should not only consider paid working time, but unpaid, too, which for women in particular amounts to a significant amount, regardless of whether they work part time or full time. Indeed, the bulk of unpaid work is in general still carried out by women. This should be taken into account in the full picture.

Greet Vermeylen

Retaining workers through leave – Federation for Hospital Institutions, Belgium

A Belgian scheme that aims to retain older, experienced staff in the healthcare sector does this by reducing working time later in the career for older staff, thereby easing work demands and making their jobs more sustainable. The plan, regulated by a collective labour agreement, is supported by the federal government, which finances the wage costs of those staff hired to fill in for the healthcare staff whose working time is reduced. ‘We have been facing a chronic shortage of nursing staff for a long time because this kind of work is onerous’, says Myriam Hubin-Dauby, of the Federation for Hospital Institutions. The plan takes an innovative measure to make sure nursing staff work less time from the age of 45 years. This is also one way to ‘re-gear’ the end of the career by alleviating the workload of the healthcare staff while benefiting from their experience.

There are two measures in force – the so-called ‘large’ and ‘small’ exemptions; the ‘large’ grants more leave for those staff whose work – or working hours – is more demanding. The ‘large’ exemption starts at 45 years of age with 12 eight-hour days of leave, then 24 additional days at 50 and 36 days at 55’, Ms Hubin-Dauby outlines. The so-called ‘small exemption’ starts at age 50 with five additional days leave a year, which rises to 10 days at 52 and to 20 days at age 55.

To qualify for either measure, employees must have worked a quota of unusual hours over a reference period of 24 months. ‘For full time you need 200 unusual working hours – on Saturdays, on bank holidays, or at night and it’s easy to identify these hours because they’re paid extra.’ Ms Hubin-Dauby shares her thoughts on the scheme: ‘I feel that this measure ties in with a number of reflections that have been made here. It’s been very well received in the healthcare sector by the workers and by the employers, who have had to fulfil obligations of efficient management of leave, working time and human resources. The care organisations appreciate the reduction in absenteeism of older workers of course, and tutoring can be put in place. Workers avoid health issues and we prevent them from dropping out by developing better working conditions. The measure is also a job creation measure that leads companies to rethink the distribution of work and they can also imagine new ways of organising work.’

Myriam Hubin-Dauby is a legal adviser for the Fédération des institutions hospitalières (Federation for Hospital Institutions, FIH), a Christian employer’s federation for the sector, composed of hospitals, establishments for the elderly and mental health bodies.

Greet Vermeylen
Every day we can read what is good or bad for your health – lifestyles, eating habits and even various aspects of working life. Can you trust this research? Can we be sure, for example, that when researchers say that unemployment causes heart disease, it is in fact not the other way round – that those with heart disease are more likely to become and remain unemployed? Or could it be that many of the unemployed happened to be old or poor or have some other characteristic that increases the likelihood of suffering from heart disease anyway? Statistical research outside the laboratory and with real people is challenging and there is no doubt that researchers sometimes get things wrong. However, as research design and methods improve and richer and more solid data become available, research has become increasingly reliable.

In a number of articles in scientific journals, Donald Storrie, together with Marcus Eliason, has identified the long run impact of job loss in Sweden on many aspects of health (see Further Reading for details on the articles). To minimise the causality problem at the outset they examine only employees who lost their job due to a total closure of the workplace. This avoids an overrepresentation of unemployed people for whom ill-health may have been a reason why they lost their job due to a total closure of the workplace. This avoids an overrepresentation of unemployed people for whom ill-health may have been a reason why they lost their job. The research design is to construct two groups of individuals identical in every way except for the fact that one group lost their job due to plant closure and one group did not. How then did their health differ over time? We examined three aspects of health: mental health, physical health and mortality.

Poorer mental health and death rates

Death rates

Overall, death rates among men increased by 44 percent during the first four years following job loss compared with the control group. No impact on overall mortality was found for women. For both sexes however, there was a roughly twofold short-run increase in suicides and alcohol-related mortality.

Physical health

Job loss significantly increases the risk of hospitalisation due to alcohol-related conditions, among both men and women, and due to traffic accidents and self-harm, among men only.

Mental health

Job loss significantly increased the risk of overall inpatient psychiatric hospital admission among women, but not among men. This was mainly due to affective disorders and alcohol or drug abuse. No such effect was found for nervous or stress-related disorders. Among men there was no significant impact of job loss on any of the categories of discharge diagnoses.

Comment

Nearly all the negative effects are strongly related to avoidant coping strategies such as alcohol and drug abuse, suicide and other ‘dangerous behaviour’. There was no evidence of increased risk of severe cardiovascular diseases (which have been found in earlier studies) such as heart attacks or strokes. On balance, the effects were more negative for men than for women. For men, job loss resulted in higher suicide rates and hospitalisation for physical ailments. Women on the other hand showed higher levels of psychiatric hospital admission.

Arguably these are lower bound estimates of the health effects of job loss. As this study was conducted in Sweden, with its well-developed social services and
insurance system, at a time when other jobs where plentiful, one might expect even more negative effects in other countries and in more difficult times. Moreover, it studies total closures; this may diminish the negative effects resulting from self-blame and loss of self-esteem that otherwise could arise if some employees are specifically selected for dismissal.

Another clear and important result was that the negative health effects occurred very soon after the job loss and were not the result of a long accumulation of negative job loss experiences. It implies that job loss hits people who already were at risk and that it was the added strain of job loss that tipped them over towards serious states of bad health. It also may suggest that much can be gained by a very careful management of the closure process. Advance notice of the job loss and a properly conducted information and consolation process should be helpful in this respect. The results also strongly support the provision of counselling services during and shortly after the plant closure.

**Further research planned**

Eurofound is planning a research project for 2011, which will look into the health implications for those who managed to keep their job during major company restructuring cases, using data from the fifth European Working Conditions Survey. Previous research had suggested that major restructuring also affects the health of these ‘survivors’ and has more negative effects than positive effects. This may be related in part to a growing intensification of work as well as to a loss of individual autonomy borne of increased standardisation. However, positive outcomes were reported in several cases including new professional opportunities to develop, increased meaning and recognition and skills upgrading. However, positive outcomes of restructuring at the individual level are unequally distributed and skewed towards higher-skilled workers.

_Donald Storrie_

Mental health issues (along with cardiovascular diseases) are one of the outcomes of chronic stress, be it work-related or not. Thousands of people are forced to withdraw from the workforce due to such illnesses, at a great cost to themselves and the companies they work for. In the UK, various initiatives are trying to reduce the rate of absenteeism through prevention and early recognition of common mental health problems such as depression and anxiety.

The costs of illness-related absence are staggering, as Deborah Jamieson, Director of the Health, Work and Wellbeing Strategy Unit at the UK Department of Work and Pensions, makes clear: ‘If you look at the cost of working-age ill health in the UK it exceeds GBP 100 billion per year – greater than the cost of the UK’s National Health Service (NHS) or the GDP of Portugal. If you think about the impact in Europe, look at the numbers who have experienced a mental disorder during the preceding 12 months. That is equivalent to approximately 57 million citizens ... it’s the highest cost health problem, over 295 billion euro per year.’

Ms Jamieson outlined UK initiatives to retain people with – in particular – mental health problems in work, among them the ‘Increasing Access to Psychological Therapies (IAPT)’ scheme. Through 11 regional pilot projects, employees who are suffering from mental health problems are offered psychological therapies at an early stage to enable them to return to work.

Speaking of the NHS, Ms Jamieson highlights the impact upon staff attendance in the service of sickness absence. ‘If we were able to reduce the absence levels by just one third we could save up to 555 million pounds per year, which is equivalent to over 14,900 extra staff. And we know that stress-related and common mental health problems are often why people go off sick in the NHS.’

Ms Jamieson highlights the benefits of effective intervention: ‘One of the most recent studies has shown that people who have received psychological therapies and recovered from depression are 14 percentage points more likely to return to work than those who have not.’

However, there is a clear onus upon company management to ensure that all those with supervisory responsibilities are made aware of how to effectively address health problems – in particular, mental health problems, and of the benefits of health and well being initiatives: ‘One of the things that is essential is awareness training for line managers. Line managers have a very big impact in the workplace. If they don’t know how to respond to sickness and absence and to mental health you’re not going to have a good response in the workplace.’

Deborah Jamieson, OBE, is the Director of the Health, Work and Wellbeing Strategy Unit at the UK Department of Work and Pensions. She has a health and legal background and her interests include reducing social exclusion and health inequalities as well as health promotion and leadership. Her health background includes a B.S.N. from the University of the State of New York, and relevant experience includes Advanced Practitioner in Pre-operative Assessment at University College Hospital NHS Trust for several years.

**Mental health better when in work**

The human argument for seeking to minimise sickness absence is as compelling as the economic. ‘We know that people generally enjoy better mental health when they are in work. The longer that they are out or absent from work the more likely they are to experience depression and anxiety.’

**The human and economic cost of absenteeism – National Health Service, UK**
Do you feel that progress has been made in working conditions over the last 20 years? In what areas particularly and where do you still see deficits?

This is really a double-edged sword. It is clear that we’ve made progress in certain areas, such as health and safety in the workplace, how workers handle chemicals, and protection, but the development is fragmented and it differs from country to country, from sector to sector. It is worrying that we are discussing the same country, from sector to sector. It is fragmented and it differs from country to country, from sector to sector. It is a result of a social dialogue only and is limping. I would like to see much more focus on this in the future.

If you look at lower skilled, manual workers, those are the ones least likely to stay in work after 60; they receive less training and are exposed to increased work intensity and physical risks. What can you do to bring specific groups like that into the fold?

The effects of strenuous work on the lower skilled, manual worker has been a big issue in France for many years, and we are now beginning to see how the issue is becoming a problem in other countries as well. Some companies are trying to address the issue, like Renault who recently concluded a retirement age deal for their factory workers at 58, but this only addresses some of the causes, not the central core of the problem. Tackling the issue this way we risk alienating the lower skilled and least-trained manual workers further, creating a system which treats workers differently depending on their skills and kind of job they do.

It is not, however, only the lower skilled manual workers that are at risk. More worryingly for the future is the trap of precarious work that young people fall into. Young workers are the most mobile, but also the most precarious workers, and efforts need to be made to integrate young workers into the labour market. And we need to do this now: the demographic time-bomb will lead to more people in retirement than at work already in 10 to 20 years time. This is a terrific challenge that we need to start addressing today.

And what can the social partners do?

I believe social partners have a fantastic opportunity right now to really change the way we work by finding new ways of collaborating and better manage skills, demands and requirements on the labour market. One such way we would argue for is the territorial social management approach (gestión social territorial) which is successfully practiced in France. The requirements for this approach to work are professional tripartite collaboration, a strong labour code, and a social contract between all parties. The challenge for social partners in Europe today is to strengthen the tripartite collaboration, not to break it up, and to bring the labour code up to par and form the required social contract with clear objectives in mind.

Frankly, it would be a strategic error to go down the route of individualism, which is very much à la mode for the moment. Europe’s strength lies in its collective knowledge, strong social dialogue, and its collective and collaboration approach to solving problems. When governments and companies involved in R&D decided to go it alone over a decade ago, citing collaboration disagreements as a reason, it had devastating effects: Europe today is clearly well behind both Japan and the US, struggling to catch up.

The recent Franco-German direct intervention by Chancellor Merkel and President Sarkozy to find a common ground to boost competitiveness in Europe will only succeed if social dialogue is at the centre of the approach.

Future of flexicurity

While external flexicurity, or flexicurity for the whole labour market, does not work anymore, there is merit to what internal flexicurity can offer. I believe, however, that flexibility with security must be applied and involve social partners in a wider circle than a company or even a sector, hence the argument above about the territorial approach.

I return, however, to the requirements for flexibility with security: we need strong tripartite dialogue for it to work at any level. The current situation in Denmark, former champions of flexicurity in Europe, is a result of a social dialogue only involving two parties, not all three. We should learn from the experiences of the Danes in this regard.

Since December 2009, Joël Decaillon has been Deputy Secretary General of ETUC. A Member of ETUC’s Executive Committee since 1999, Mr Decaillon was elected Confederal Secretary of ETUC in 2003 in charge of employment, sustainable development, trade, globalisation and lifelong learning. Prior to that, he was a member of the CGT (Confédération générale du Travail) Executive Committee, in charge of European and International relations.

Interview by Måns Mårtensson


The European Foundation for the Improvement of Living and Working Conditions is a tripartite EU body, whose role is to provide key actors in social policymaking with findings, knowledge and advice drawn from comparative research. Eurofound was established in 1975 by Council Regulation EEC No. 1365/75 of 26 May 1975.